

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of _____
 Town of 7
 or _____
 City of Tucson

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 570
 County Registrar No. _____
 Local Registrar No. 193

2. Full name of child John Arthur Dailey No. Storks nest St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child boy To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth March Sunday 14 1926
 Month Day Year

8. FATHER
 Full name Frank Dailey Jr.

9. Residence (Usual place of abode) 1720 E 8 St.
 If non-resident, give place and state.

10. Color or race Spanish 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Oracle
 (State or country) Pinal Co, Ariz.

13. Occupation
 Nature of Industry Miner

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 10
 (b) Born alive but now dead 1
 (c) Stillborn _____

14. MOTHER
 Full maiden name Juanita Hernandez

15. Residence (Usual place of abode) 1720 E 8 St
 If non-resident, give place and state.

16. Color or race Spanish 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) El Paso - Texas
 (State or country)

19. Occupation
 Nature of Industry Housekeeper

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9-15 P m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. E. J. Gough (Physician or midwife).
 Address Tucson

Given name added from a supplemental report _____
 Month, day, year _____

Filed 3/23 1926 E. A. G. Schmale Local Registrar.

Registrar _____ 19 _____ County Registrar.

148-314-181